

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38409

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 2498

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7544 Delmar Blvd.				Length of stay in lb 3 yr.		d. STREET (If outside, give location) ADDRESS 7544 Delmar Blvd.	
3. NAME OF DECEASED (Type or print) First MIDDLE Last JAMES BERNARD CHAPMAN				4. DATE OF DEATH Month Day Year October 9, 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 5, 1930	
9. AGE (In years last birthday) 27		10. IF UNDER 1 YEAR Months 9 Days 4		11. IF UNDER 24 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman				10b. KIND OF BUSINESS OR INDUSTRY Insurance			
11. BIRTHPLACE (City and state or country) Omaha, Nebraska				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Thomas B. Chapman				14. MOTHER'S MAIDEN NAME Mildred Sheahan			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Omaha, Neb. Mrs. Mildred Chapman 3074 S. 44th	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia due to aspiration of vomitus during episode of acute alcoholic intoxication; and Barbiturate Intoxication Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) 8710 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 14 INTERVAL BETWEEN ONSET AND DEATH							
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Accumulation of gastric vomitus in tracheo-bronchial tree, - probably explained as the end result of a comatose state due to barbiturate intoxication, abolishing cough reflex					
20c. TIME OF INJURY Hour a. m. 8:00 Month, Day, Year 10/9/57 body found		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) living-room of home					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION University City		COUNTY St. Louis		STATE Mo.	
21. I attended the deceased from _____, to _____ and last saw her him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Coroner Clayton, Mo.				22b. ADDRESS Clayton, Mo.		22c. DATE SIGNED 10/15/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/9/57		23c. NAME OF CEMETERY OR CREMATORY Omaha City Cemetery		23d. LOCATION (City, town, or county) (State) Omaha, Nebraska	
24. FUNERAL DIRECTOR C. R. Lupton & Sons 7233 Delmar				25. DATE RECD. BY LOCAL REG. 10-9-57		26. REGISTRAR'S SIGNATURE Herbert B. Donhe	

(Licensed Embalmer's Statement on Reverse Side)

ccw

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence H. Murr

Licensed Embalmer No. 100

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.